

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214531531						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Pacer Transportation Solutions, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: NATIONAL REGISTERED AGENTS, INC. 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: OH</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2014</p> <p>SCC ID NO: F1550831</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMA</td> <td>3,750</td> </tr> <tr> <td>COMB</td> <td>7,500</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMA	3,750	COMB	7,500
CLASS	AUTHORIZED							
COMA	3,750							
COMB	7,500							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 6805 PERIMETER DRIVE</p> <p style="margin-left: 40px;">CITY/ST/ZIP: DUBLIN, OH 43016</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: DAVID ROWE TITLE: PRESIDENT ADDRESS: FIVE GREENWICH OFFICE PARK CITY/ST/ZIP/CO: GREENWICH, CT 06831 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DAVID ROWE TITLE: PRESIDENT ADDRESS: FIVE GREENWICH OFFICE PARK CITY/ST/ZIP/CO: GREENWICH, CT 06831	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR			
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NAME:	DANIEL AVRAMOVICH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6805 PERIMETER DR		
CITY/ST/ZIP/CO:	DUBLIN, OH 43016		
NAME:	JULIE A LUNA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11414 WEST CENTER RD		
CITY/ST/ZIP/CO:	#316 OMAHA, NE 68144		
NAME:	MICHAEL F KILLEA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11231 PHILLIPS INDUSTRIAL BLVD		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 33256		
NAME:	JEFFREY J COOK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6805 PERIMETER DR		
CITY/ST/ZIP/CO:	DUBLIN, OH 43016		
NAME:	JAMES COMMISKEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	30300 NORTHERWESTERN HWY		
CITY/ST/ZIP/CO:	SUITE 316 FARMINGTON HILLS, MI 48334		
NAME:	LYNDON CRON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6805 PERIMETER DR		
CITY/ST/ZIP/CO:	DUBLIN, OH 43016		
NAME:	PAUL V SMITH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6805 PERIMETER DR		
CITY/ST/ZIP/CO:	DUBLIN, OH 43016		
NAME:	ROBERT L STEWART	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	11231 PHILLIPS INDUSTRIAL BLVD		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32256		
NAME:	LISA O TAYLOR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	11231 PHILLIPS INDUSTRIAL BLVD		
CITY/ST/ZIP/CO:	JACKSONVILLE, FL 32256		
NAME:	KENT R RENNER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	FIVE GREENWICH OFFICE PARK		
CITY/ST/ZIP/CO:	GREENWICH, CT 06831		
NAME:	RIINA TOHVERT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	FIVE GREENWICH OFFICE PARK		
CITY/ST/ZIP/CO:	GREENWICH, CT 06831		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HEIDI RATTI DIRECTOR, HR 6805 PERIMETER DR DUBLIN, OH 43016	<input checked="checked" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ CHARLES T MAGHES JR _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		CHARLES T MAGHES JR, ASST SEC _____ PRINTED NAME AND CORPORATE TITLE		6/19/2014 _____ DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					